tulous opening. Both in diagnosis and in treatment of such cases endoscopy is superfluous.—*Bruns' Beitrage z. klin. Chirg.*, 1889, Bd. v, hft. i and ii.

WILLIAM BROWNING (Brooklyn).

III. **The Diagnosis of Pyelonephritis.** By DR. E. DOYEN (Paris). In the course of a contribution to the literature of vesical calculus in the female, and a report of 5 cases operated upon by rapid lithotrity through a vaginal incision, Doyen recommends the following method of determining the differential diagnosis between pyelonephritis and chronic suppurative cystitis. In order to determine the condition of the upper urinary passages, the bladder is to be emptied and thoroughly irrigated with a boric acid solution until the fluid returns perfectly clear. For 5 minutes stroking and pressing movements are to be made along both kidneys and ureters; this is followed by another catheterization. Even in very well marked cases of cystitis the mucous membrane of the bladder will furnish but an insignificant amount of pus and debris, while in cases of pyelonephritis the second catheterization will bring away from 8 to 10 ccm. of characteristic fluid containg pus. —*Bull. et. Mem. Soc. Chirg. de Paris*, T. xiv, p. 397.

IV. **Folliculitis Preputialis and Para-Urethral Gonorrhœa.** By Dr. OEDMANSON. While gonorrhœal diseases in the female genital organs and their accessory glands have been the subject of study for a considerable time, similiar diseases in men have received relatively little attention. The para-urethral glands opening into the urethra are comparatively unaccessible; on the contrary the follicles opening upon the skin itself, although existing exceptionally, are of considerable practical importance in cases of gonorrhœal disease. The secretion containing gonococci, trickling from the mouths of these follicles, may not only cause repeated reinfection of the male urethra, but in spite of the apparent cure of the urethral lesion, may become the source of infection to others.

He relates 2 cases of gonorrhœa in which the existence of these preputial follicles were found to exist, and in which infection of the same occurred. The repeated return of the disease after its seeming

cure in one of these cases led him to adopt the radical method of excision of the entire structure. A complete and permanent cure followed this procedure.

The demonstration of the existence of the gonococci in the ducts of these follicles disposes of the theory of Bruns, who declared that these organisms were only found to be capable of propagation in cylindrical epithelium. The further fact that the fossa navicularis and the posterior urethra, despite the existence of a covering of pavement epithelium, become infected with gonorrhœa, is convincing proof of the error of Bruns' assertion.

The treatment of gonorrhœal preputial folliculitis consists of cauterizations, and this failing, incision and scraping, and finally excision. —*Archiv. f. Dermat. u. Syph.*, 1889, hft. 1

V. Method of Amputation of the Penis. By Dr Kiriac (Roumania) Kiriac claims for the following operation of Assaky the advantages of not forming the funnel shaped opening representing the meatus urinarius, and the retraction of the same.

A rubber catheter is introduced into the urethra, a ligature placed about the root of the penis, making moderate pressure, the integumentary coverings of the organ being well retracted and fixed. Beyond the diseased part, the skin and superficial fascia are circularly incised, the dorsal artery and vein being ligatured. By means of two lateral incisions from 1 to 2 cm. long the corpora cavernosa of the penis are separated from the corpus cavernosum of the urethra, being careful to arrest all hæmorrhage, which is quite likely to take place at this stage of the operation, the former being incised transversely at the level of the wound in the edge of the skin from within outwards. The urethra is now separated 1 cm. above this cross-incision. After ligature or acupressure of the deep artery of the penis, or other small bleeding vessels, the elastic ligature is removed; thereupon a slight retraction of the spongy portion of the urethra takes place. The corpora cavernosa are then sutured; with 3 catgut sutures the covering of the spongy portion of the urethra is traversed in a cross direction and from below upwards. These are drawn together in such a manner as to leave a